

**Occupational Tax Certificate Application**Out of Town Contractor: ☐ Yes ☐ No

License#: \_\_\_\_\_

(please use physical job site address for address location)

**\*\*Smoking is prohibited in all public places & places of employment within the city. Smoking may occur outdoors but no less than 20 feet from any entrance to any public place\*\***

<b>Business Information</b>	Business Name:		DBA Name:	
	Dominant Business Activity:			NAICS Code:
	Address/Location:			Telephone Number:
	Bill To/Mailing Address:			
	City:	State:	Zip:	
	Ownership Type: ( ) Association ( ) Corporation ( ) Partnership ( ) Single Owner ( ) LLC			
	Applicant's Name:		Owner/Agent's Name:	
	Owner/Agent's Address:			
	City:	State/Zip:	Email:	
	<b>Contact Information</b>	<b>***Applicant must provide copy of valid Georgia driver's license or other governmental issued photographic identification with application (Passport, Military ID, or Georgia driver's license).</b>		
Will this be based out of your home? (yes/no)				
***If "yes" you must attach a "Home Based Supplemental Form" to this application.				
Will your business be an adult entertainment establishment (sexually oriented business) as defined by the Brookhaven City Code or does (will) it offer any form of adult entertainment? (yes/no)				
Has the owner, applicant, the stated business, or any legally or organizationally related entity had a business occupation tax certificate denied, suspended, or revoked within the past twelve (12) months? (yes/no) ***If yes, attach written explanation.				
<b>Georgia Open Records Act prohibits public viewing of gross receipts. The public may view other information on this form.</b>				
Yearly Projected Actual Brookhaven and Georgia Gross Receipts \$ _____ - \$20,000 X _____ \$ _____				
Employee Fee (at least one, includes owner/operator) # _____ X _____ \$ _____				
Base Fee of \$125.00. (except for professionals paying optional \$400) \$125.00				
<b>Total Amount Due or Professional Option.</b> (\$400 per practitioner only if allowed by O.C.G.A.) \$ _____				
<b>**Make check payable to the City of Brookhaven. Please mail to 200 Ashford Center North, Suite 150, Atlanta, GA 30338**</b>				

This application must be executed under oath and notarized. I, \_\_\_\_\_, do solemnly swear that the information on this application is true, correct to the best of the applicant's knowledge, training, and ability, and that no false or misleading statement is made herein to obtain a business occupation tax certificate. I understand that if I provide false or misleading information in this application I may be subject to criminal prosecution and/or immediate revocation of my business occupation tax certificate issued as a result of this application. I understand that I must comply with all city ordinances and regulations. I hereby agree to provide clearance(s) and/or inspection report(s) required prior to issuance of a business occupation tax certificate. All tax certificates expire December 31<sup>st</sup> and must be renewed annually.

Signature \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public Signature/Seal \_\_\_\_\_

**OFFICE USE ONLY:** Class \_\_\_\_\_ Type \_\_\_\_\_ H.O.P. \_\_\_\_\_ District \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Parcel \_\_\_\_\_  
**Zoning:** Approved by \_\_\_\_\_ Denied by \_\_\_\_\_ Date \_\_\_\_\_ Denial Reason \_\_\_\_\_  
**Pending Items:** C.O. \_\_\_\_\_ Fire \_\_\_\_\_ Health \_\_\_\_\_ Sanitation Service \_\_\_\_\_ State License \_\_\_\_\_ Insurance \_\_\_\_\_ Police \_\_\_\_\_ Other \_\_\_\_\_  
**Business License Items:** Primary ID# \_\_\_\_\_ Owner's ID# \_\_\_\_\_ Bill to ID# \_\_\_\_\_

**O.C.G.A. § 50-36-1(e)(2) SAVE Affidavit Verifying Status for City Public Benefit**

**\*\*This form is required for ALL LICENSES/PERMITS by State Law\*\***

By executing this affidavit under oath, as an applicant for a business license, as referenced in O.C.G.A. § 50-36-1, from the City of Brookhaven, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) \_\_\_\_\_ I am a United States citizen

(Must include copy of either current State Driver's License, Passport, or Military ID)

2) \_\_\_\_\_ I am a legal permanent resident of the United States\*\*

(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

3) I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.\*\*

(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

\*\*My alien number issued by the Department of Homeland Security or other federal immigration agency is:\_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_  
In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_(City), \_\_\_\_\_(State).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC/SEAL

My Commission Expires: \_\_\_\_\_

**E-Verify Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)**

**\*\*This form is required by Georgia State Law\*\***

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[*business license, occupational tax certificate, or other document required to operate a business*] as  
referenced in O.C.G.A. § 36-60-6(d), from the City of Brookhaven, Georgia the undersigned  
applicant representing the private employer known as \_\_\_\_\_ [printed  
*name of private employer*] verifies one of the following with respect to my application for the above  
mentioned document:

- (a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed  
more than ten (10) employees.  
(b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed  
ten (10) or less employees.

*If the employer selected (a) please fill out below section.*

**The employer has registered with and utilizes the federal work authorization program in  
accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-  
6(a). The undersigned private employer also attests that its federal work authorization  
user identification number and date of authorization are as listed below:**

\_\_\_\_\_  
E-verify number / Federal Work Authorization User Identification Number (not your FEI number)

\_\_\_\_\_  
Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and  
willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be  
guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the \_\_\_\_\_ date of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (City), \_\_\_\_\_ (State).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

**SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_.**

\_\_\_\_\_  
**NOTARY PUBLIC/SEAL**

\_\_\_\_\_  
**My Commission Expires**